Reason for this Transmittal

[ ] State Law or Regulation Change [ ] Federal Law or Regulation

[ ] Court Order or Settlement

One or More Counties
[x ] Initiated by DCSS

Change

Change

[ ] Clarification requested by

## CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



November	18.	2002
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CSS LETTER: 02-22

ALL IV-D DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL BOARDS OF SUPERVISORS

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JUDJECI.	STATE HEARING COMPLIANCE REPORTS	_)

The purpose of this letter is to specify requirements for submitting State hearing compliance reports. Title 22, Chapter 10 of the California Code of Regulations, Section 120221, requires the local child support agency (LCSA) to submit a compliance report within 30 calendar days of receiving an adopted decision that wholly or partially favors a complainant. The LCSA is presumed to have received an adopted decision 15 business days after the date the decision is signed by the Department of Child Support Services (DCSS) Director or his designee.

The compliance report must set forth the specific manner in which the LCSA has complied and/or is complying with the order in the adopted decision. To ensure statewide uniformity in processing compliance reports, DCSS has adopted the attached State Hearing Compliance Report, form LCR 008 (8/02). Each LCSA must use this form when submitting compliance reports. DCSS will review the compliance report and notify the complainant and the LCSA of its approval or explain what additional action must be taken to fully comply with the adopted decision.

Immediately upon receipt of the adopted decision, the LCSA must take action to comply with the decision, regardless of whether a rehearing is requested or granted, unless DCSS has previously granted a stay of compliance with the adopted decision pending rehearing.



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The LCSA may submit the compliance report via e-mail at compliance reports@dcss.ca.gov, or mail the compliance report to:

California Department of Child Support Services Attention: Customer and Community Services Branch P.O. Box 419064, MS 30 Rancho Cordova, CA 95741-9064

If you have any questions or concerns regarding this matter, please contact Michael Coleman at (916) 464-5243.

Sincerely,

PATRIC B. ASHBY Deputy Director Division of Child Support Services

Attachment

## STATE HEARING COMPLIANCE FORM

SEND THIS FORM TO:

## CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

Attention: Customer and Community Services Branch

P.O. Box 419064 MS - 30

Rancho Cordova, CA 95741-9064

E-mail to: compliancereports@dcss.ca.gov

COMPLANT INFOR				
COMPLAINANT INFORI	MATION:			
COMPLAINTANT'S NAME	COMPLAINTANT'S TELEPHONE NUMBER  ( )			
ADDRESS				COMPLAINT IDENTIFICATION NUMBER: (AS LISTED ON CRTS)
CITY				
STATE HEARING INFO	RMATION:			
STATE HEARING DATE	COUNTY SUBJECT	CT OF STATE HEARING	STATE HEARING CASE NUMBER:	
ACTION ORDERED: (ATTACH ADDITIONAL PAGES IF NEEDED)			DATE FINAL DECISION SIGNED:	
ACTION TAKEN:				DATE ACTION TAKEN
ACTION STILL PENDING				
ACTION STILL PENDING				ACTION TO BE COMPLETED BY:
Rehearing Requested:	YES	NO		
LCSA SIGNATURE				DATE SIGNED
PRINT NAME		LCSA TITLE		TELEPHONE NUMBER  ( )
DCSS USE ONLY:				
Compliance Plan Appro	oved: Yes	No	(Date of No	otice of Non-Compliance Sent)
Signature:			Date:	